Contract Number		ED	Λ	United	United States Environmental Protection Agency Washington, DC 20460					Work Assignment Number 2–26				
Series		CP	A						Other Amendment Number:					
Specify   Spec	Contract Nun	nber		Со	Contract Period 09/16/2014 To 09/15/2019				Title of Work Assignment/SF Site Name					
This part	EP-D-14-032 Base Option Period Number 2								BenMAP-CE/PM Risk/Exp Assess					
Purpose														
Work Assignment Amendment   Superior   Sup	_													
None	Purpose:  X Work Assignment Close-Out								Period of Performance					
Comments:	Work Assignment Amendment Incremental Funding													
Contract	X Work Plan Approval								From 09/16/2016 To 09/15/2017					
Superture   Accounting and Appropriations Data   X   Non-Superfunce														
Note: To report additional accounting and appropriators date use EPA Form 1900-69A.   Siles Project   Siles														
SPO	Superfund Accounting and Appropriations Data								X Non-Superfund					
DCN	Note: To report additional accounting and appropriations date use EPA Form 1900-69A.													
S	SFO													
2	e DCN		-			· ·	•	Amount (D	ollars)	(Cents)	•			
3	1													
Authorized Work Assignment Celling	2													
S	3													
Authorized Work Assignment Ceiling	4													
Contract Period:	5													
Note	Authorized Work Assignment Ceiling													
This Action:         \$117,659.66         798           Total:         Work Plan / Cost Estimate Approvals           Contractor WP Dated:         10/06/2016         Cost/Fee   \$117,659.66         LOE: 798           Cumulative Approved:         Cost/Fee   \$117,659.66         LOE: 798           Work Assignment Manager Name   Neal   Fann   Pann   Neal   Fann   Panne   Neal   Fann   Panne	00001 cc. \$0.00													
Nort   Cost   Estimate   Approvals									798					
Nort   Cost   Estimate   Approvals	\$117,659,66								798					
Contractor WP Dated:         10/06/2016         Cost/Fee \$117,659.66         LOE: 798           Cumulative Approved:         Cost/Fee \$117,659.66         LOE: 798           Work Assignment Manager Name Neal Fann         Branch/Mail Code: Phone Number: 919-541-0209           Project Officer Name Carolyn Blake         (Date)         FAX Number: Phone Number: 919-541-5256           FAX Number:         FAX Number: Phone Number: 919-541-5256           FAX Number: Phone Num	Iual.													
Cumulative Approved:  Cost/Fee \$117,659.66  Work Assignment Manager Name Neal Fann  Work Assignment Manager Name Neal Fann  (Signature)  Project Officer Name Carolyn Blake  (Signature)  (Date)  FAX Number:  Phone Number: 919-541-5256  Phone Number: 919-541-5256  FAX Number:  Phone Number:  Phone Number:  Branch/Mail Code:  Phone Number:  Branch/Mail Code:  Phone Number:  FAX Number:  Branch/Mail Code:  Phone Number:  Phone Number:  FAX Number:  Phone Number:  Phone Number:  Phone Number:  Phone Number:  Phone Number:  919-541-3564														
Work Assignment Manager Name Neal Fann    Branch/Mail Code: Phone Number: 919-541-0209     FAX Number: Project Officer Name Carolyn Blake   Branch/Mail Code: Phone Number: 919-541-5256     FAX Number: Phone Number: 919-541-5256     Cotter Agency Official Name   Branch/Mail Code: Phone Number: Ph	10,00,2010 411,000.00													
Phone Number: 919-541-0209  (Signature)  Project Officer Name Carol yn Blake  Project Officer Name Carol yn Blake  (Signature)  (Date)  FAX Number:  Phone Number: 919-541-5256  FAX Number:  Branch/Mail Code:  Phone Number:  Branch/Mail Code:  Phone Number:  Pho	711/ 003·00													
(Signature) (Date)  Project Officer Name Carolyn Blake  (Signature) (Date)  (Date)  FAX Number:  Phone Number: 919-541-5256  FAX Number:  Other Agency Official Name  (Signature) (Date)  FAX Number:  Branch/Mail Code:  Phone Number:  FAX Number:  Branch/Mail Code:  Phone Number:  FAX Number:  Phone Number:  FAX Number:  FAX Number:  Phone Number:  FAX Number:  FAX Number:  FAX Number:  Phone Number:  919-541-3564	vvork Assignm	ient ivia	inager Name	Neal failli										
Project Officer Name Carolyn Blake    Branch/Mail Code:	(Circolura)								There i talliage.					
Phone Number: 919-541-5256    Cotten Agency Official Name   Cotten														
Other Agency Official Name Other Agency Other Ot	,,													
Other Agency Official Name  Other Agency Official Name  Contracting Official Name  Natalia Fisher-Jackson  Branch/Mail Code: Phone Number:  FAX Number:  Branch/Mail Code: Phone Number: 919-541-3564	(Cinnatura)													
Phone Number:    Contracting Official Name   Natalia Fisher-Jackson   Phone Number:   FAX Number:	Other Agency													
Contracting Official Name Natalia Fisher-Jackson Branch/Mail Code:  Phone Number: 919-541-3564														
Contracting Official Name Natalia Fisher-Jackson  Branch/Mail Code:  Phone Number: 919-541-3564	(Signature) (Date)													
Phone Number: 919-541-3564														
	(Signature) (Date)								FAX Number: 919-541-3564  FAX Number:					